

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 5-14-07

SUPP

1070297

SCANNED

JUN 29 2007

By: ②

② 6/2/07 MOD

2007 MAY 14 PM 12:04

RECEIVED
CAPITOL FINANCE
REGISTRATION

1. NAME Haynie Randy K
Last First MI

2. BUSINESS PHONE 225-336-4143

3. BUSINESS ADDRESS 1465 Ted Dunham Ave. Baton Rouge, LA 70802
Street and No. City State Zip

MAILING ADDRESS P.O. Box 44032 Baton Rouge LA 70804
Street and No. City State Zip

4. EMPLOYER Haynie & Associates

5. EMPLOYER'S ADDRESS P.O. Box 44032 Baton Rouge LA 70804
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Please see attached.

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [L.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

Randy K. Haynie
Lobbyist Registration Number 001

5/11/07

New Representation:

1. **Name:** Mechanical Contractors Association of Louisiana, Inc.
Address: P.O. Box 51238
New Orleans, LA 70151
Business or purpose? Plumbers
Does this person pay you? Yes
If no, who pays you? N/A
2. **Name:** ResCare
Address: 10140 Linn Station Road
Louisville, KY 40223
Business or purpose: Health Care
Does this person pay you? Yes
If no, who pays you? N/A
3. **Name:** The Gray Insurance Company
Address: 3601 North I-10 Service Road West
Metairie, LA 70002
Business or purpose: Insurance
Does this person pay you? Yes
If no, who pays you? N/A
4. **Name:** U.S. Agencies
Address: 8550 United Plaza Blvd., Suite 805
Baton Rouge, LA 70809
Business or purpose: Auto Insurance
Does this person pay you? Yes
If no, who pays you? N/A

Terminated Representation:

1. **Name:** Louisiana Travel Promotion Association
Address: 1012 South Acadian Thruway
Baton Rouge, LA 70806
Business or purpose: Tourism/Travel Promotion

Randy K. Haynie
Haynie & Associates
Lobbyist Registration # 1
5/11/2007